

Position Applying For: _____

CLASSIFIED PERSONNEL APPLICATION

(Please complete all blanks even if attaching a resumé)

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Present Address: _____
City State Zip Code

Telephone Number(s): _____
Home Business Cell Message

Please indicate the types of employment you will accept. Full Time Permanent Part-time
 Short-Term Substitute

Have you ever been convicted of a felony or misdemeanor? No Yes Date: _____
If yes, explain. (A conviction will not necessarily disqualify you from employment.)

Each prospective employee must undergo a background clearance through the Department of Justice prior to employment. Fingerprint clearance is pursuant to Education Code section 45125(a).

Do you have any physical condition which may limit your ability to perform the job(s) applied for?
 Yes No If yes, describe the limitations: _____

PLEASE CHECK OR FILL IN ITEMS BELOW IN WHICH YOU HAVE HAD TRAINING OR EXPERIENCE:

- | | | | | |
|-------------------------------------|---------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Aide | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Dist. Secretary | <input type="checkbox"/> Calculator | <input type="checkbox"/> Shorthand Speed |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Food Service | <input type="checkbox"/> Sch. Sec/Clerk | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Typing Speed |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Librarian | <input type="checkbox"/> Computers | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Gardener | <input type="checkbox"/> Clerk | <input type="checkbox"/> Offset Operator | <input type="checkbox"/> Filing | <input type="checkbox"/> Other |

PLEASE LIST OTHER SKILLS AND EXPERIENCES WHICH WOULD QUALIFY YOU FOR EMPLOYMENT:

If you are applying for an instructional aide position, have you passed the high school proficiency test?
 Yes No (California graduates since January 1981 have qualified.)

EDUCATION:

Circle the highest grade you completed in school. 8 9 10 11 12

Did you graduate from high school? Yes No

If you did not graduate, do you have a GED Certificate? Yes No

ELK HILLS SCHOOL DISTRICT
"WHERE KIDS COME FIRST"

Name and Location of College or University	Course of Study	Completed	
		Semester Units	Quarter Units

Business, Correspondence, Trade or Service Schools	Course of Study	Date Completed

Have you ever used another name? ___ No ___ Yes If Yes, Name(s) Used: _____
(Information necessary to enable a pre-employment verification of your work and education record)

Have you served in the Armed Forces? ___ No ___ Yes If Yes, dates: _____

EXPERIENCE:

BEGIN WITH YOUR MOST RECENT EXPERIENCE. Give your complete employment record for the last ten years. List any earlier experiences similar for this position. Attach additional sheet if needed.

From Mo./Yr.	To Mo./Yr.	Employer & Complete Address & Phone Number/Contact	Job Title	Duties Performed	Hrs./ Wk.	Reason For Leaving

If employed you may be required to furnish proof of age and citizenship if applicable. (I-9 Form)

I certify that all statements made hereon are true and correct to the best of my knowledge.

I understand that any false statements made on this application may be cause for non-employment or for dismissal, if employed.

I hereby authorize any investigation to obtain information required by this application.

_____/_____
(Signature of Applicant) Date

<p>RETURN TO: ELK HILLS SCHOOL DISTRICT P.O. Box 129 Tupman, CA 93276 (661) 765-7431ph/765-4583 fx www.elkhills.k12.ca.us</p>
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